

Trauma Clinical Guideline: Liver and Spleen Injury in Children Algorithm

The Trauma Service Directors' Workgroup is an open forum for the directors of designated trauma services in Washington State to share ideas and concerns regarding the provision of trauma care. The workgroup meets twice a year to encourage communication between services so that they may share information and improve the quality of care that they provide to patients. On occasion, at the request of the Governor's Steering Committee on EMS and Trauma Care, the group discusses the value of specific guidelines for trauma care procedures.

This clinical guideline is distributed by the Washington State Department of Health on behalf of the Governor-Appointed Steering Committee on EMS and Trauma System to assist trauma care services with the development of their trauma patient care guidelines. Toward this goal the Trauma Service Directors have categorized the type of guideline, the sponsoring organization, how it was developed, and whether it has been tested or validated. It is hoped that this information will assist the physician in evaluating the content of this guideline and its potential benefits for their practice or any particular patient.

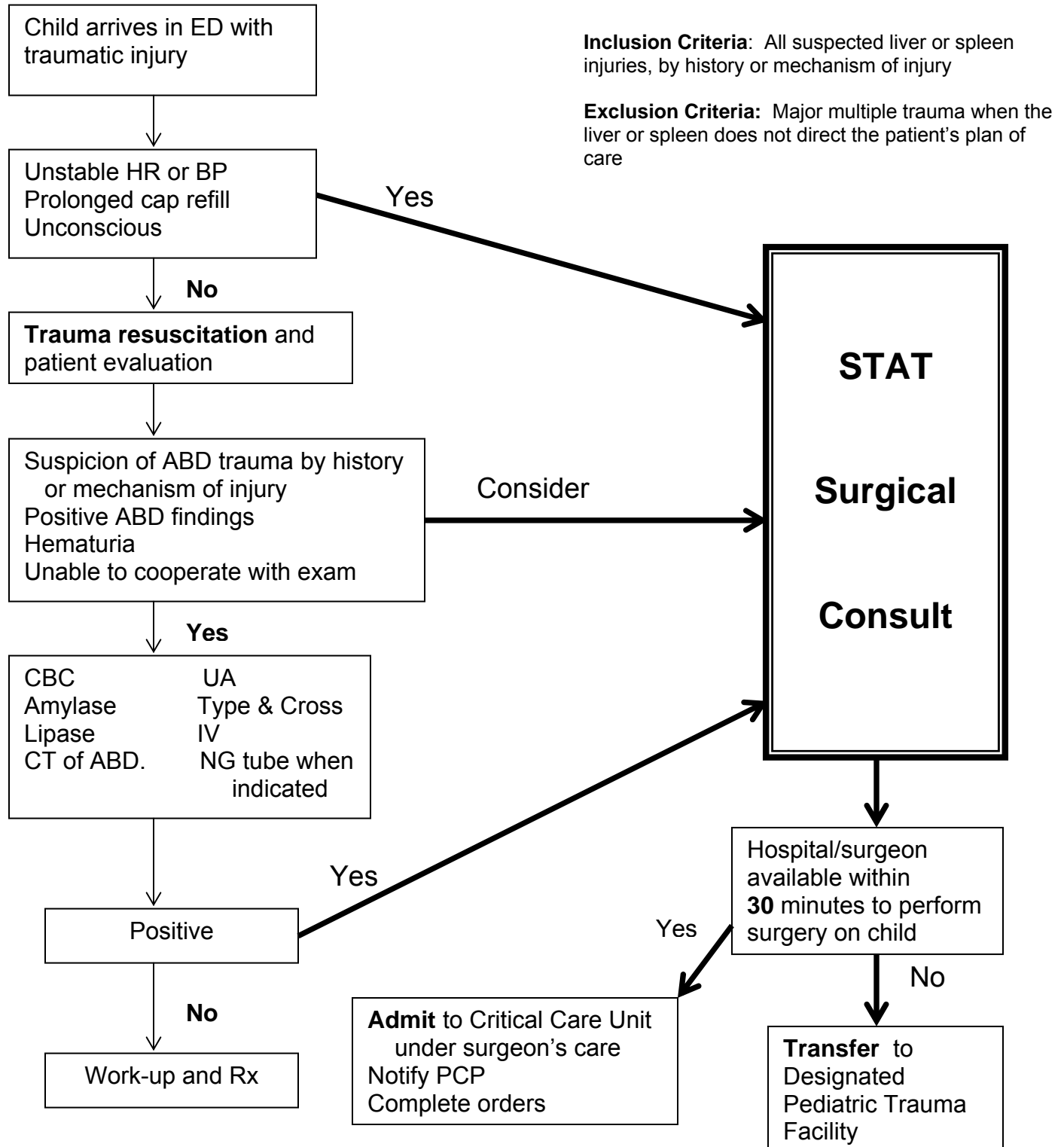
The Department of Health does not mandate the use of this guideline. The Department recognizes the varying resources of different services and that approaches that work for one trauma service may not be suitable for others. The decision to use this guideline in any particular situation always depends on the independent medical judgment of the physician. It is recommended that trauma services and physicians that choose to use this guideline consult with the Department or Mary Bridge Children's Hospital, the original developer of the guideline, on a regular basis for any updates to its content. The Department appreciates receiving any information regarding practitioners' experiences with this guideline. Please direct comments to Mary Rotert RN, (360) 236-2874 or mary.rotert@doh.wa.gov

This is a trauma assessment and management guideline. It was adapted from Mary Bridge Children's Hospital. The Trauma Medical Directors Workgroup reviewed the guideline, sought input from trauma care physicians throughout Washington State, and used that input to make changes. The guideline was then endorsed by the Steering Committee, and by the DOH Office of EMS/TS. This guideline has not been tested or validated. Further information is available from:

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Website: <http://www.doh.wa.gov/hsqa/emstrauma>

Liver and Spleen Injury in Children Algorithm

Emergency Department



Liver and Spleen Injury in Children Algorithm

Admission

Admit to Critical Care Unit under surgeon's care

Continue to monitor with surgeon's involvement

Unstable

Notify surgeon

Transfer to Floor Criteria

Hemodynamically stable X 12 hours
Hematocrit ≥ 25 X 12 hours
No transfusion requirement

Transfer to Floor
Advance per orders

Persistent
pain or ileus

Re-evaluate for other
injury

Evaluate for Ambulation

Pain controlled on oral meds
Hematocrit stable X 24 hours
Physiologically stable
Clinical concurrence
Bathroom privileges

Discharge Criteria – reassess daily

Adequate oral intake
Hematocrit stable X 24 hours
Physiologically stable
Ambulatory, independent to BR
Pain controlled on oral meds
Home care evaluation satisfactory

Discharge Home

Confirm family's understanding of verbal and written home care instructions
Notify PCP, fax home care instructions
Trauma case manager to make f/u call to family 48 - 72 hours post discharge
Follow-up visit to surgeon in 2 weeks